

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1 X1331

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7928

Registration District No. 750

Primary Registration District No. 6246

State File No. _____

Registrar's No. 1668

1. PLACE OF DEATH:

(a) County Ripley Co.

(b) City or town Shirley Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____

8. (a) PRINT FULL NAME Ira Lucille Hunt 530

8. (b) If veteran, name war _____

8. (c) Social Security No. _____

4. Sex M

6. (b) Name of husband or wife John Hunt

7. Birth date of deceased July (Month)

5. Color or race W.

6. (c) Age of husband or wife if alive 27 years

5. July (Month) 1911 (Day) (Year)

8. AGE: Years 28 Months 7 Days 25

9. Birthplace Ripley Co. (City, town, or county)

10. Usual occupation Housewife

11. Industry or business _____

If less than one day _____ hr. _____ min.

12. Name J. C. Mc Manus

13. Birthplace Ripley Co. (City, town, or county) (State or foreign country)

14. Maiden name Harley

15. Birthplace Stoddard Co. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John A. Hunt

(b) Address Douglas Mo. R-7

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-40 (Month) (Day) (Year)

(c) Place: burial or cremation Wilam Cemetery

18. (a) Signature of funeral director W. B. Jordan

(b) Address Douglas Mo. R-7

19. (a) March 2-1940 (Date received local registrar) (b) C. B. Robinson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ripley

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Shirley Twp.
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1 year 1940 hour 7:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Feb-10-40 to March 1, 1940, that I last saw him alive on March 1, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Lobar Pneumonia

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

23. Signature Clifford Goforth (M. D. or other) 1

Address Douglas Mo Date signed _____

Duration 3 days

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.